

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.L.P.E. CLASSIFIER		59	491
FORMALITY REVIEW	K.O.	105/705	04/24/01
RESPONSE FORMALITY REVIEW	M.H.	645	08-01-01

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 = _____ Allowed I _____ Interference
 - (Through numeral) - Canceled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
1	01/01/01
2	01/01/01
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If more than 150 claims or 10 actions
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